Keeping the Promise of TRICARE Prime

The Health Care Monitor

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TRICARE

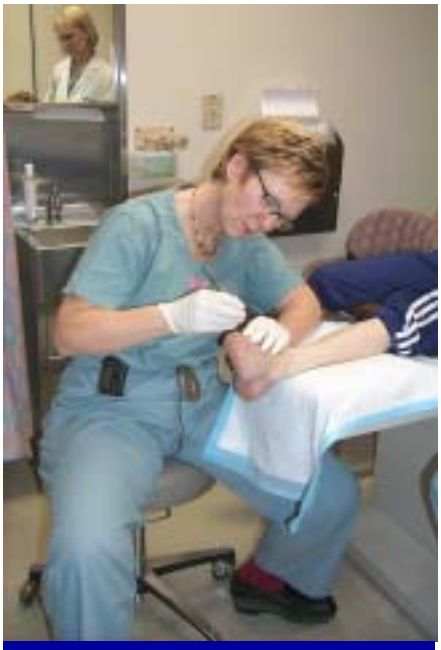
TRICARE Northwest

DOD Foot Limb Salvage Clinic

By Susie Stevens
TRICARE NW Marketing

Madigan Army Medical Center, Tacoma, Wash—Health care providers, including vascular surgeons, orthopedic surgeons, podiatric surgeons, and those specializing in the care and treatment of Diabetes patients at high risk of losing a foot or a limb come here to learn from Dr. Vickie R. Driver, MS, DPM, Director of Madigan Army Medical Center's Foot at Risk /Limb Salvage Clinic. She hosts a conference several times each year to "train the trainer." The 2-day Multi-Disciplinary Conference is for doctors and nurses who want to begin or improve upon their own clinics.

The Madigan Foot at Risk Clinic is the only clinic of its kind in a Department of Defense facility that studies treatment of Diabetes and other conditions where limbs are at high risk for amputation. Driver is well known by her colleagues for her expertise, and is often consulted when an alternative to amputation has not been found. Esteemed for her knowledge of what to do in the worst of cases she is on-call to provide emergency surgery to patients who come into the emergency room at MAMC and may require an amputation. She can sometimes prevent an amputation a skill she wants to teach other doctors to perform to help increase the numbers of clinics that can provide the care necessary to save a limb or a foot.



Dr. Vickie R. Driver, MS, DPM, is director of Madigan's Army Medical Center's Foot at Risk /Limb Salvage Clinic the only Department of Defense clinic of its type. She enjoys hosting a conference here several times a year to share her expertise with other federal health care providers.

Health care specialists

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Madigan opens laser eye surgery center

By Sharon D. Ayala
Deputy PAO MAMC

[Note for readers: This article explains how soldiers at Fort Lewis can qualify for laser eye surgery. If you want branch specific **information please go to www.defenselink.mil and search for laser eye surgery July 20, 2000 press release].**

Madigan Army Medical Center recently opened a Refractive Eye Surgery Center on the 7th floor of the Nursing Tower. The center has one surgical suite and so far, more than 100 laser eye surgeries have been conducted in the new center.

In the past, Madigan contracted with civilian laser centers to use their equipment to perform laser eye surgeries on active duty soldiers who qualified for the procedure.

To qualify for one of the several refractive eye surgery procedures, soldiers must meet certain criteria. The names of potential candidates are placed on a roster, which is maintained at the soldier's unit Priority is given to soldiers in military occupations closely related to combat mission of the Army.

"We are dealing with a medical procedure that doesn't just keep soldiers in a functional state, such as other preventive or therapeutic medical practices, but actually has the potential to enhance and augment that functional state at the individual soldier level," said Lt. Col. Mark Torres, staff ophthalmologist.

In addition to the two commonly performed corrective eye surgical procedures, Laser Assisted In-Situ Keratomileusis (LASIK) and Photo Refractive Keratectomy (PRK), the center also offers a variation of PRK, called LASEK. A non-laser procedure called INTACS are clear ring segments that are implanted in the cornea to correct vision. INTACS are currently not offered at Madigan, but will hopefully be available in the future. The advantage of INTACS is that they have the potential for reversibility. However, INTACS are limited in the amount of nearsightedness they can correct. Also, INTACS do not correct astigmatism, which is why LASIK continues to be the more commonly performed procedure.

"LASIK is the procedure we do the most, followed by PRK," said Torres. "The reason that LASIK has become more popular than PRK is the easier post-operative course and faster recovery of vision."

Refractive eye surgery not only improves a soldier's eyesight, but also improves Army readiness.

"When was the last time that a medical practice came along that actually made a soldier better performing individual, rather than just maintaining their current level of performance?," Torres asked.

Madigan and Walter Reed Army Medical Center are the only two Army medical centers in the Army Medical Department that are designed to serve both an operational and research mission.

The operational mission would be a preference for treating soldiers in combat and combat support career fields. The research mission involves performing studies on the safety and efficacy of variations of the laser procedure.

"Madigan, because of its co-location with a large troop population, has a unique opportunity to be able to easily complete studies that will significantly add to our knowledge of refractive surgery," said Col. Vernon Parmley, chief, Cornea Services.

To qualify for one of the several refractive eye surgery procedures, soldiers must meet certain criteria. *(Photo by U.S. Marine Corps photo Staff Sgt. Bryan P. Reed)*

Congratulations!

Madigan Army Medical Center—In his capacity as TRICARE Northwest Lead Agent Brig. Gen. Michael A. Dunn, commander of the Western Regional Medical Command and Madigan Army Medical Center congratulates Capt. Mark Meersman for his selection as the (2002) Company Grade Officer of the Year for the Air Force Medical Element, Andrews Air Force Base and for being awarded the Joint Service Achievement Medal during a ceremony held here in March. Meersman was recognized for his outstanding work with the Health care Operations Division of the Lead Agent. He was chosen from among 26 competitors for (2002) Company Grade Officer of the Year. "I consider my most significant contributions to be helping to standardize appointments throughout our region and helping to implement TRICARE On Line," Meersman said.

Fleet Hospital deploys

NAVAL HOSPITAL BREMERTON –*Fleet Hospital Eight, the contingency arm of Naval Hospital Bremerton along with other hospital staff, deployed in February in support of Operation Enduring Freedom led by Capt. Patrick Kelly, MSC, USN. While much of the staff has deployed reservists now are hard at work to continue to provide health care to their TRICARE beneficiaries.*

After a brief ceremony, staff of Naval Hospital Bremerton, family members and distinguished visitors said their goodbyes. The deploying fleet hospital personnel were then on their way to a still undisclosed location.

Words of encouragement and praise came from FH8 Commanding Officer Capt. Pat Kelly, who will lead the group during the deployment, and U. S. Rep. Jay Inslee.

Future of TRICARE topic of visit

Madigan Army Medical Center—Brig. Gen. Michael A. Dunn, Lead Agent TRICARE Northwest, MAMC Commander and CG of Western Region Medical Command greets retired Maj. Gen. Ms. Nancy Adams, during her visit March 13-14 to the Northwest Lead Agency to discuss future roles and responsibilities under T-Nex. Specific issues were the role of the TRICARE Regional Office – West for health program management versus the front line health care delivery responsibilities of the Lead Agent Senior Market Manager. Brig. Gen. Dunn addressed "harvesting" the two-year investment in the empowered Lead Agent Pilot Project. Adams teleconferenced with all the Northwest medical commanders including Alaska and visited NHB and the 62nd MDG to get their views on Market Management requirements. Transformation and Outcomes were presented as a model for future health care mar-

Maj. Gen. (ret.) Ms. Nancy Adams TRICARE Management Activity's senior advisor visits TRICARE Northwest Region in March.

2003 TRICARE West Coast Conference

The 2003 West Coast TRICARE Conference will be held July 8-10 at the Doubletree Columbia River Complex/Jantzen Beach, Portland, Oregon. If you have ideas for plenary speakers to the conference please send them to Michael.Petty@nw.amedd.army.mil

Bremerton a best base for community spirit and support

By Judith Robertson
Naval Hospital Bremerton

BREMERTON, Wash. (NNS) -- "Caring, for Life" is more than just a motto at Naval Hospital Bremerton; it is a way of life. It is this type of attitude and service that led to Naval Hospital Bremerton's recognition by Navy Times newspaper as "Best Base for Community Spirit and Support." "A healthy military is, of course, essential to preparedness," said Navy Times' citation announcing Naval Hospital Bremerton's selection. "It's just as important to build a healthy community. With outreach programs and activities that generate a spirit of camaraderie and family, Bremerton's programs connect its residents with each other and the surrounding communities."

Situated miles from, and in between, Naval Station Bremerton and Submarine Base Bangor, the hospital campus is on 49 acres overlooking Ostrich Bay near Bremerton. Since the enclosed hospital campus contains its own Bachelor's Enlisted Quarters, gym and dining facility, it qualifies as a separate base, one of nine naval hospitals in that category.

At sea aboard USS Carl Vinson -- Flight deck photographer Petty Officer 2nd Class Inez Lawson prepares to photograph an F/A-18C "Hornet" assigned to the "Argonauts" of Strike Fighter Squadron One Four Seven launching from catapult two. USS Carl Vinson is currently underway conducting training in preparation for their next scheduled deployment. *(U. S. Navy Photo by Photographer's Mate 3rd Class Ryan Jackson.)*

According to Command Master Chief Richard Lopez, much of the credit for hospital's great community spirit is the enlisted community's attitude. Pride in their jobs, their command, and the Navy is clear as they volunteer throughout the community, he said.

"All enlisted groups are involved. The Chief Petty Officers (CPO) set the pace by assuming leadership positions and the rest follow. The CPO group was the first to volunteer to help build the children's playground in the community. The First Class Association, the Second Classes and the Junior Enlisted all volunteer in both hospital-sponsored events and community activities, like patrolling at Whaling Days or helping at Seafair," Lopez said. "At Naval Hospital Bremerton, we believe in caring for life," said Capt. Christine Hunter, the hospital's

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Commanding Officer. “It is our great privilege to be involved in our community, supporting people of all ages. “From car seat fittings to fleet outreach, and from advice on community disaster preparation to easing stress with our yoga classes, the staff constantly amaze me with their energy. I am very proud to accept this recognition on behalf of our fine military and civilian team.”

For related news, visit the Navy Medicine Navy NewsStand page at www.news.navy.mil/local/mednews.

DoD approves expanded health coverage for Reserve family members

By Kathleen T. Rhem
American Forces Press Service

WASHINGTON, March -- Two major changes effective immediately will make it easier for reserve component family members to receive health care coverage from the Defense Department when their sponsor is activated, the department's top doc said.

The first change shortens the time reservists and Guardsmen must be activated -- from 179 to 30 days -- for their family members to be eligible for enrollment in TRICARE Prime, the military's most comprehensive health care option.

Dr. William Winkenwerder, assistant secretary of defense for health affairs, said department officials were "pleased and delighted" to make the changes.

"We realize that reserve members and their families have a need for health care when reservists are called up for active duty," he said. "We wanted to make the use of that benefit easier and more comprehensive."

Officials noted that family members are eligible for coverage as soon as their sponsor is activated as long as that activation will exceed 30 days.

The second important change has to do with a program called TRICARE Prime Remote for Active Duty Family Members. Under the program, families of military members stationed in areas far from military medical care still receive the same level of treatment at comparable cost. Typically, recruiters and ROTC cadre and their families use this benefit if they're located at least 50 miles from a military clinic or hospital.

Previous wording in the rules covering this benefit stated family members must live with their sponsor in an area not covered by a military medical treatment facility.

This created a problem for reserve families whose sponsors were activated. If reservists are activated, chances are they've been sent away from their homes. Obviously, family members can't move with activated reservists in most cases, so this led to many being denied enrollment in Prime Remote.

"There was a clause in the law that said that the family must reside with the active duty … member. There was some confusion and some difficulty in coming to a clearer definition of that," Winkenwerder explained. "Reading it one way meant it would have been very difficult for those family members to use the benefit, because they would have had to follow the service member."

The new wording clarifies that regardless of where reserve-component members are deployed, their families are eligible for coverage under this program if the military members' regular home is in a covered location.

"What we've made clear is that wherever that service member was living with his or her family, (the family members) are eligible right then and there," Winkenwerder said.

He said the two changes have been "very well received" in the reserve community. "And we're very glad we're able to do this," he added.

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from such agencies as the Department of Defense, the Veterans Administration Medical System and the Indian Health Care System come from as far away as Puerto Rico to share their successes and failures in a forum dedicated to limb salvage. Medical professionals attending her most recent conference focused on early detection and treatment of those who are at risk due to the advancement of their disease. Doctors and nurses are taught advanced limb-salvage techniques to teach their own staff.

Doctors here and abroad study her successes with wounds that don't respond to common treatment plans. Driver enjoys sharing her expertise and clinic experience, and makes herself available to health care professionals who want to learn how to start a similar clinic in their health care facility. Hernan Lugo Olivieri III, MD and Myrna Abrams, RN, from the Veterans Affairs Medical Clinic in Puerto Rico attended a recent conference to learn how to improve their skills caring for patients requiring wound treatment. Olivieri and Abrams hope their facility will begin to recognize Diabetes as a disease that requires a multidisciplinary approach.

The training here encourages providers to discard the old model for patient care. In the past a provider would always first see the patient after he or she became sick. Doctors now recognize the importance of proactively testing patients for Diabetes-related conditions, and encourage their patients to take an active role in the management of their own health care. In recent years, there has been a sharp rise in the number of Diabetics who are at high risk of losing a limb. Consequently, Diabetic patients must conduct visual examinations on a daily basis for cuts, bruises, or redness of their feet. This is especially important, because many Diabetics have no feeling in their lower extremities. Even the most insignificant appearing skin disturbance can be trouble, and if found, should prompt an immediate visit to the doctor.

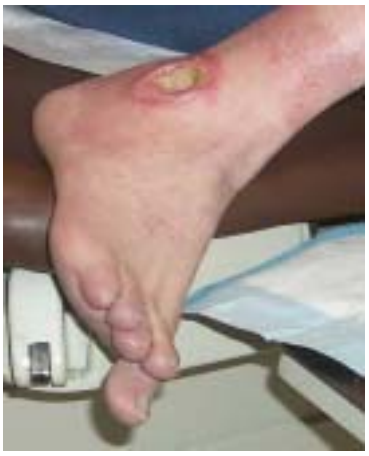
In addition to encouraging self-care, with the new model health care specialists also employ a multi-discipline case management approach to each patient's treatment. The treatment regimen for Diabetes includes: 1) Diabetes screening & prevention, 2) use of aspirin (now proven to be effective in helping to ward off heart attacks and strokes) and 3) aggressive management of hypertension. As was pointed out by Col. Joseph Morris, Madigan Chief of Infectious Disease, "Most Diabetics are not likely to die from Diabetes, but rather from a coronary."

Effectively managing hypertension significantly improves outcomes for Diabetics. Providers are confident in the efficacy of this new case management of Diabetes, as it is one of the few diseases doctors have outcome-based data available for study.

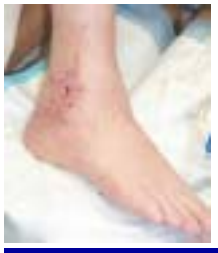
"The biggest problem today for health care specialists are organisms that are resistant to antibiotics. Patients who require extensive medical care or hospitalization may already be immune to an antibiotic," stated Driver. In order to improve patient care, it is critical that doctors document all antibiotics that a patient has become resistant to during the course of his or her care, according to Driver. "The literature states that about 70% of our elderly diabetic patients are at high risk for resistance to at least one antibiotic. For those of us who deal with infected wounds, this is an important concern."

"Diabetes is a big deal," says Lt. Col. Hobbs**.** **"**It's a big deal because [according to studies done by the American Diabetes Association] 16 million Americans have Diabetes, 150,000 die from complications brought on by Diabetes, 97,000 amputations a year are performed and the cost to the United States is about $100-million a year."

A wound like this can result from a minor disturbance of the skin of a Diabetic patient. It is critical patients with Diabetes check their feet daily for any disturbance to their skin and make an appointment anytime a wound is apparent.



Foot wound before patient begins treatment here.



The wound after treatment.